

## CHAPTER 7. ENVIRONMENTAL SERVICES MANAGEMENT IN HEALTHCARE ORGANIZATIONS

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### 7-1. ENVIRONMENTAL SERVICES MANAGEMENT - SCOPE

a. The scope of Environmental Services (ES) management in the HCA encompasses, at minimum, these core functions:

- Textile care services (laundry and linen distribution),
- Housekeeping services, and
- Regulated medical waste disposition.

(1) The Director/Chief of Logistics will have management responsibility over HCA Environmental Services.

(2) The Chief of Environmental Services (C, ES,) will have functional responsibility and must be a qualified Healthcare Environmental Services Manager (i.e., GS-673 occupational series) assigned to the HCA staff to manage the ES integrated functions.

(3) The C, ES, will be responsible and accountable for the submission of data to the USAMEDCOM Environmental Service Management Information System (ESMIS) using the <http://www.medlogspt.army.mil> website. Reporting instructions are provided at the ES website.

(4) The Army Civilian Training, Education, and Development System (ACTEDS) plan for the GS-673 Occupational Series provides the careerist and management with a guide to assist in career enhancement and progression. Training and development planning is essential in developing and enhancing the C, ES's knowledge, skills, and abilities. The ACTEDS, if followed, will provide all ES personnel the avenue to become more proficient in the field.

b. Further guidance, if needed, may be obtained upon request from the USAMEDCOM ES Program Management Office.

### 7-2. MANAGEMENT OF HEALTHCARE TEXTILE CARE SERVICES

#### Policy and Procedural Guidance

a. The current editions of following publications will be readily accessible: *AR 40-61*; *AR 210-130*; *29 CFR*; and the *JCAHO Accreditation Manual for Healthcare Organizations*.

b. The HCA commander will establish a Linen Management Committee (LMC).

c. The C, ES oversees the day-to-day functions involved with management of textile care Services to include textile accounting, identifying requirements, stockage levels, storage, handling, distribution and contract administration.

d. The C, ES will ensure that:

#### Textile Services Operations Program:

- (1) Complies with the HCA infection control procedures.
- (2) Provides for textile repair and special fabrications.
- (3) Provides a documented continuing education program for textile services personnel.

Textile Accounting:

- (1) HCA-owned-and-provided textiles are accounted for on DA Form 1296 or automated equivalent.
- (2) DA Form 2064 or automated equivalent and voucher files are used to support all entries.
- (3) Records are held for two years after the last posting date and then destroyed.

Textile Inventories:

- (1) Linen inventories are conducted at least annually for HCA-owned and provided textiles, and the results are used to evaluate the effectiveness of the Textile Services Program.
- (2) DA Form 444 or automated equivalent is prepared for HCA-owned-and-provided textiles to document inventory gains and losses and to adjust informal accounting records.
- (3) Inventory results for HCA-owned-and-provided textiles are reported through the Linen Management Committee to the Commander for appropriate action and approval.

Textile Stockage Levels:

- (1) Economic stock levels are established at the customers' locations.
- (2) Customer linen usage is periodically reviewed, and patterns of inappropriate use are corrected.

Textile Handling, Storage and Distribution:

- (1) Clean linen is delivered to the user in a manner that minimizes microbial contamination from surface contact or airborne deposition.
- (2) Collection and processing of soiled linen is performed in accordance with the OSHA Blood-borne Pathogens standards.
- (3) Soiled Linen is transported in closed containers.

Textile Disposal:

- (1) Salvageable HCA-owned-and-provided textiles are turned in to the supporting DRMO or converted to rags.
- (2) A disinterested officer is appointed on orders to certify that salvageable HCA-owned textiles are converted to rags.

Linen Control:

- (1) Policy is established, and enforced by the LMC, to prevent the theft, abuse, and misuse of linen.
- (2) HCA-owned linen is marked with HCA logo or by other means to identify it as government property.
- (3) Contractor-owned-and-provided textiles are marked as prescribed in the contract.
- (4) The HCA has a policy established and approved the commander, for the use of scrubs.

Contract Laundry Services:

- (1) The ES Linen Management Officer, is designated as the COR if the linen/laundry service is contracted by the HCA.

(2) A quality assurance surveillance program is implemented to evaluate quality, quantity, and timeliness of performance in accordance with contract specifications.

(3) The recommended practices provided in American National Standard Institute (ANSI) ([www.ansi.org](http://www.ansi.org)) and the Healthcare Laundry Accreditation Council (HLAC) ([www.hlacnet.org](http://www.hlacnet.org)) are included in contract specifications.

#### Exposure Control Plan:

(1) The HCA or contractor, as applicable, has an Exposure Control Plan (ECP), in accordance with *29 CFR 1910.1030* and JCAHO requirements.

(2) The ECP identifies tasks and procedures where textile-care- services employees may be at risk of encountering occupational exposure to blood- borne pathogens.

(3) The ECP is reviewed and updated annually, and is available to all HCA textile-care-services employees.

#### Linen Management Committee:

(1) The HCA has an established LMC to recommend linen management policy and review program performance.

(2) The LMC consists of the following appointed members: Deputy Commander for Administration; Deputy Commander for Clinical Services; Chief, Logistics/Director of Logistics; C, Environmental Services; Chief Nurse; Infection Control Officer, Chief Dept of Emergency Medicine; Others, as required.

(3) LMCs if integrated with another HCA (parent) committee must be sanctioned by the commander and fully performs its responsibilities.

### **7-3. MANAGEMENT OF HEALTHCARE HOUSEKEEPING SERVICES**

#### Policy and Procedural Guidance

a. The current editions of following publications will be readily accessible: *AR 40-61*, *AR 210-130*; *29 CFR*; and the JCAHO Accreditation Manual for Healthcare Organizations.

b. The C, ES / ES Housekeeping Officer oversees the day-to-day functions involved with management of HCA Housekeeping Services.

c. The ES Housekeeping Officer, will ensure that:

#### Housekeeping Services Operations:

(1) A written cleaning schedule and cleaning procedures are established.

(2) A training program is in place for housekeeping employees, and documentation is maintained on personnel trained, and the training topic

#### Chemicals:

(1) The HCA's Infection Control Committee provides written approval, in its meeting minutes, of all chemical products used by the housekeeping organization. Chemical cleaning products must be approved annually or more often as necessary.

(2) The housekeeping organization follows prescribed manufacturer-recommended dilution rates when mixing the disinfectant detergents for prevention of nosocomial infection in patient care areas.

(3) The housekeeping organization follows prescribed contact times when applying the disinfectant detergents.

(4) The Material Data Safety Sheets (MSDS) for cleaning supplies are readily accessible. Note: As a minimum, a current and readable MSDS for each product in use should be located in a binder in each housekeeping closet.

(5) The housekeeping organization properly labels all secondary containers whenever cleaning supplies are transferred from the manufacturer's original container.

Infection Control:

(1) The HCA housekeeping services program integrates with the facility's infection control program.

(2) Approval is obtained from the local Infection Control Committee for cleaning procedures and cleaning supplies.

Contracting Housekeeping Services:

The C, ES / ES Housekeeping Officer is designated, in writing, as the COR. The Contracting Officer is responsible for quality assurance surveillance of the contractor's performance.

Quality Assurance Surveillance:

(1) Establish and maintain a quality assurance surveillance plan to assess and measure housekeeping service performance.

(2) The HCA housekeeping officer establishes and properly implements a random sampling inspection system, in accordance with USAMEDCOM guidelines, to evaluate the quality of contract performance.

Exposure Control Plan:

(1) The HCA has a current Blood-borne Pathogens Exposure Control Plan that identifies by position, task, and procedures where housekeeping services employees are at risk of occupational exposure to blood borne pathogens.

(2) The current Blood-borne Pathogens Exposure Control Plan is readily available for review by all housekeeping services employees.

#### **7-4. MANAGEMENT OF REGULATED MEDICAL WASTE (RMW)**

**Policy and Procedural Guidance**

a. In addition to hospital and installation regulations, current editions of the following publications will be readily accessible: *AR 40-61; AR 200-1; AR 200-1 Spill/Emergency Plans/Waste Management Plan*; Applicable State and Local regulations; *USAMEDCOM Regulation 40-35; 29 CFR*; and the *JCAHO Accreditation Manual for Healthcare Organizations*.

b. The C, ES, will have functional responsibility for the collection, storage, and disposal of RMW.

c. The HCA Preventive Medicine Service will assist the C, ES in the management of RMW.

d. RMW Definition: Waste generated in the diagnosis, treatment, or immunization of human beings or animals which is capable of causing disease or which, if not handled properly, poses a risk to individual or a community. These wastes are also called "**Infectious Waste**," **Biohazardous Waste**," **Clinical Waste**," **Biomedical Waste**," or simply **Medical Waste**."

e. The C, ES, will ensure that:

Management of RMW Program:

- (1) Government personnel and contractor employees are trained in proper collection and handling of RMW.
- (2) A written HCA contingency plan exists for RMW disposal.

Collection & Handling

- (1) Sharps are placed into puncture resistant container designated for sharps use.
- (2) RMW is placed in containers only designated for RMW.
- (3) RMW is deposited in leak proof, puncture resistant, plastic bag lined receptacles.
- (4) Plastic bags are sturdy, tear resistant, 3 mil thick bags of instillation-specific color (generally red).
- (5) State requirements regarding the thickness or strength of the RMW bag for waste collection are to be met. Meeting the state requirement takes precedence over the thickness and strength requirements of MEDCOM Reg 40-35 and SB 8-75-11.
- (6) Medical waste bags are securely tied and sealed before being removed from the points of generation.
- (7) Medical waste bags are not shaken or squeezed in an attempt to reduce volume and never compact or crush the waste to make room for more.
- (8) Sealed medical waste bags are carried by their necks to the transport cart and not lifted or held by the bottom or sides.
- (9) Sealed medical waste bags are carried away from the body.
- (10) Gloves are worn when handling bagged RMW.
- (11) Sharps containers are removed from service when approximately three-fourths full.

Storage:

- (1) RMW waste is stored in a secure, properly identified area that is kept clean and free of pests.
- (2) Main storage area is identified by affixing a sign bearing an OSHA biohazard symbol and words identifying the item being stored (RMW) to the outside of the storage facility.
- (3) Pathological wastes are refrigerated or frozen while awaiting pick up for disposal.
- (4) Pathological wastes are removed from the refrigerators/freezer and disposed of within 30 days.

Transport:

## Within the Activity:

- (1) Housekeeping, or other designated personnel, collect and transport RMW to a facility RMW holding area.
- (2) Carts used to transport RMW are constructed of readily cleanable material, plastic, or stainless steel.
- (3) Carts used to transport RMW within the MTF are cleaned with an Environmental Protection Agency (EPA) registered hospital detergent-disinfectant, either weekly or at a frequency specified by the MTF.
- (4) Bags of RMW are placed in leak proof, rigid containers and marked with the universal biohazard symbol. Red bags do not need to be marked with the universal biohazard symbol unless required by state or local regulations.

On the Installation:

- (1) RMW destined for disposal is transported in a government owned or contractor-owned vehicle. The use of privately owned vehicles is prohibited.
- (2) A spill containment and clean-up kit is maintained in each vehicle transporting RMW.

Outside the Installation Boundaries:

- (1) Commercial activities contracted to transport are registered, licensed, and permitted RMW Transporters in accordance with all federal, state, and local laws and regulations.
- (2) Government organizations that transport RMW follow the guidance provided in MEDCOM Reg 40-35.
- (3) Only a DoD certifying official sign shipping papers. A DoD certifying official is a person who has successfully completed an approved DoD hazardous materials certification course and is appointed in writing by activity/unit commander.

Treatment/Disposal:

- (1) Commercial activities contracted to treat and dispose of RMW are licensed to accept and process RMW in accordance with federal, state, and local requirements.
- (2) On Installation treatment of RMW follow procedures and guidance provided in MEDCOM Reg 40-35.

Documentation:

- (1) RMW generation-weights are tracked by the activity.
- (2) RMW weight reports are maintained on file for two (2) years.
- (3) Tracking documents (manifests) are maintained for the number of years required by the state.

Contingency Planning:

- (1) The activity maintains a detailed contingency plan for RMW disposal as a means of managing medical waste when primary means of disposal are limited or prohibited.
- (2) Contingency plans are reviewed and updated annually.
- (3) Contingency plans meet all local, state, and federal regulations.

f. The Preventive Medicine Service will:

- (1) Assist in developing local RMW management policies and guidance.
- (2) Monitor the management of RMW, including collection, storage, treatment and disposal.
- (3) Provide technical advice in identifying and characterizing RMW.
- (4) Participate in the planning and providing of training.